

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/568637

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3			1			
4	0		1			
5	0		1			
6	1		1			
7	1		1			
8	2		1			
9	0		1			
10	0		1			
11	1		1			
12	1		1			
13	1		1			
14						
15	1		1			
16	2		1			
17	0		1			
18	2		1			
19	1		1			
20	1		1			
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TOTAL IND.			5			
TOTAL DEP.			16			
TOTAL CLAIMS			21			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						